



Parental agreement for Longford C of E Primary School to administer medicine

Name of Child Date of Birth

Class

Medical condition
or illness

Name of medicine Date started

Number of day's
medicine to be
administered for Dosage

Time(s) to be given

I understand that I must deliver the medicine personally to either the School Support Lead (Lisa Shaw) or the class teacher. I accept that this is a service that the school is not obliged to undertake. I give consent to the school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Name Relationship to child

Daytime telephone no.

Date..... Signature(s)

FOR SCHOOL USE ONLY

Date/time administered/initial:-

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